

CLAIMS ONLY

Application Number

10-686913

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
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Total Indep	2						
Total Depend	23						
Total Claims	25						

	Indep	Depend	Indep	Depend	Indep	Depend
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